

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Evergreen AFH</b>	LICENSE NUMBER <b>627100</b>
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**NOTE:** The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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### About the Home

#### 1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

**Evergreen AFH is located in a nice, safe, and quiet neighborhood we are dedicated to serving the individual of daily living care needs with the round clock attention, love, friendly, dignity that they deserve in the rest of their life**

#### 2. INITIAL LICENSING DATE

**04/24/2003**

#### 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

**Evergreen AFH address : 17508 14th avenue west, Lynnwood, Wa. 98037. Ph. 425-741- 6986 (home) 425 -220 -2698 (cell) e.mail: evergreen\_afh@yahoo.com**

#### 4. SAME ADDRESS PREVIOUSLY LICENSED AS:

**None**

#### 5. OWNERSHIP

- ☒ Sole proprietor  
☐ Limited Liability Corporation  
☐ Co-owned by:  
☐ Other:

## Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

### 1. EATING

If needed, the home may provide assistance with eating as follows:

**Tube feeding, pureeing, thickening liquid, specific diet per MD order, swallowing problems due to dysphagia or stroke**

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows:

**Incontinence assistance with diaper changes bedside commode toilet asst or bowel program privilege, Foley/condom catheter care and colostomy bags.**

### 3. WALKING

If needed, the home may provide assistance with walking as follows:

**gww, using assistive device, wheel chair manual or motorized**

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**Using hoist lift, sliding board, pole transfer, one person or two person transfer ordered by MD or PT/OT**

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**Reposition or turn resident every 2 hrs or as needed or resident request to prevent bed sores/skin breakdown, prevent pain and for Resident comfortable, follows MD or PT/OT orders. Siderail only by order by MD and re-assess every 6 months**

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**Brush teeth, clean dentures, rinse mouth after meal, pedicure, manicure, peri care, skin care, hair care,**

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**The caregivers will provide total assist or minimal assist/cuing always encourage resident to help him/her self to the best of their abilities**

### 8. BATHING

If needed, the home may provide assistance with bathing as follows:

**The caregiver will always provide Shower to the resident once a week, twice a week or as per resident chosen, bed bath or partial bath will given every day. We always encourage our resident to participate in shower of any ADL activities if resident is able to do so.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Hair do, hair cut and cosmetic care if done by beauty shop all cost will be resident responsibility**

## Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of

each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)
<p>The type and amount of medication assistance provided by the home is:</p> <p><b>Crushed medication, insulin injection, inhaler/nebuliser, enema, Oxygen, skin patch, PRN meds and document on the MAR</b></p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p><b>All medication is controlled with the MD order and refill medication by The Pharmacist all D/C.meds 0r expired meds will be destroyed as policy procedures</b></p>
<b>Skilled Nursing Services and Nurse Delegation</b>
<p>If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)</p>
<p>The home provides the following skilled nursing services:</p> <p><b>Currently Evergreen Afh is using AgencyAlpha Nursing services for Nursing care and Gina Giever RN. for RN delegation (contracted with DSHS)</b></p>
<p>The home has the ability to provide the following skilled nursing services by delegation:</p> <p><b>All medication (narcotic or non narcotic), wound dressing, insulin injection, topical ointment,cream, kin powder, eye drops, nasal drops, ear drops, skin patch, inhaler, suppositories or enema</b></p>
<p>ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION</p> <p><b>RN delegation has to be done at the first day resident admitted to Evergreen Afh and will renew every 2 months</b></p>
<b>Specialty Care Designations</b>
<p>We have completed DSHS approved training for the following specialty care designations:</p> <p><input type="checkbox"/> Developmental disabilities</p> <p><input checked="" type="checkbox"/> Mental illness</p> <p><input checked="" type="checkbox"/> Dementia</p>
<p>ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS</p> <p><b>Eergreen Afh staff will always comply with DSHS approved training and continuing education required</b></p>
<b>Staffing</b>
<p>The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)</p> <p><input checked="" type="checkbox"/> The provider lives in the home.</p> <p><input checked="" type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times.</p> <p><input type="checkbox"/> The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.</p> <p>The normal staffing levels for the home are:</p> <p><input type="checkbox"/> Registered nurse, days and times:<u>Standby RN will be at the Afh any time needed.</u></p> <p><input type="checkbox"/> Licensed practical nurse, days and times:<u>N/A</u></p> <p><input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times:<u>7 days 24 hrs</u></p> <p><input checked="" type="checkbox"/> Awake staff at night</p> <p><input checked="" type="checkbox"/> Other:<u>Housekeeping and landscaping, churge services or Pastor/Price visits</u></p>

ADDITIONAL COMMENTS REGARDING STAFFING

**The on call caregiver will be called if there is a sick caregiver or personal problem**

**Cultural or Language Access**

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

**English but we allways open to other languages or different background or cultures, Evergreen Afh always respect and not discriminate people because of background or languages**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Evergreen Afh will always welcomes and respects to resident's cultures or faith believe**

**Medicaid**

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

**For residents with private pay and will becoming medicaid payments, the resident or POA has to give notice in advance at least 3 months .. Evergreen AFH policy is accepting medicaid payments**

ADDITIONAL COMMENTS REGARDING MEDICAID

**For medicaid new admission Evergreen AFH will accept daily rate from \$100 to maximum daily rate.**

**For the resident with behavior problem/difficulties we will request for ETR if the rate is low**

**Activities**

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

**Activities are arranged depending upon the resident abilities and interests, such as cards, bingos, scrabble, gardening, outing to visit families or friends, reading, watching tv programs or movies, reading magazines etc.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**If residents planning to go out for activities/visiting family or friends, we will make reservation/request Dart bus to pick up and return, for Doctor appointment/medical metter issue we make an reservation with Hopelinks transportation to pick up and return paid by insurance.**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

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